

**SF-401X**SF# 47735
(R2/05-07)Indiana Department of Revenue
**Amended Transporter's
Monthly Tax Return**

For the month of: _____ 20____

Gallons as Amended

Name of License Holder (As indicated on License)							
Mailing Address (Street or P.O. Box Number)							
City or Town		State		Zip Code		Telephone Number	
License Number		Federal Identification Number			Motor Carrier/IFTA Number		
		Gallons as Previously Reported			Gallons as Amended		
	From Schedule	Column A Special Fuel (Dyed and Clear Diesel Fuel, Biodiesel and Blended Biodiesel)	Column B Gasoline (Gasoline, Gasohol)	Column C Other Products (Jet Fuel, Kerosene)	Column A Special Fuel (Dyed and Clear Diesel Fuel, Biodiesel and Blended Biodiesel)	Column B Gasoline (Gasoline, Gasohol)	Column C Other Products (Jet Fuel, Kerosene)
1.	Total gallons of fuel loaded from an Indiana terminal or bulk plant and delivered to another state.	1A					
2.	Total gallons of fuel loaded from an out-of-state terminal or bulk plant and delivered into Indiana.	2A					
3.	Total gallons of fuel loaded from an Indiana terminal or bulk plant and delivered within Indiana.	3A					
4.	Total gallons of fuel transported. (Add lines 1, 2, and 3).						

Transporter's Schedule of Deliveries
Schedules 1A, 2A and 3A must be attached to this report**Mail Return To:** Indiana Department of Revenue, P.O. Box 6080, Indianapolis, IN 46206-6080

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I further declare that complete and proper records are on file at the address indicated above for all fuel reported on this return.

Taxpayer or Authorized Agent	Typed or Printed Name	Title
	Date Signed	Telephone Number ()

Important! A return must be filed each month, within 25 days following the last day of the month being reported. Failure to submit this report could result in a civil penalty of \$1,000 for each violation.

**Instructions for Completing
Amended Fuel Transporter's Monthly Tax Return
Schedule SF-401X**

Who should file this return?

You should file this form if you are an Indiana Licensed Fuel Transporter and you need to amend or change a previously filed Fuel Transporter's Monthly Tax Return, Form SF-401.

How do I complete the SF-401X?

You should refer to the instructions for your original Fuel Transporter's Monthly Tax Return, and related schedules, for the tax period being amended.

Gallons as Previously Reported

Complete lines 1 through 4 of Column A, Column B and Column C by entering the amounts as reported on your original tax return, or as previously amended. (If previously amended, lines 1 through 4 will be the amounts reported in column titled "Gallons as Amended" of the previously filed amended return.)

Gallons as Amended

Use this column to report changes in line amounts from those previously reported. Changes in column titled "Gallons as Amended" **must** be documented by attaching the corresponding schedules, as amended. If there is no change to a particular line entry, enter zero.

What if I have other questions?

If you have additional questions, please contact our office by calling (317) 615-2630, or write to us at:

**Indiana Department of Revenue
P.O. Box 6080
Indianapolis, IN 46206-6080**